

Foster Family Home - Corrective Action Report

Provider ID: 1-190097

Home Name: Mary Grace M. Supan, CNA

Review ID: 1-190097-3

1743 Hoolaulea Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 10/27/2020

Foster Family Home Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Recertification inspection for a 2 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with all items due to CTA within 30 days.

6.(d)(1)- see applicable sections of the review

Foster Family Home Information Confidentiality

[11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- No confidentiality policies and procedures and client privacy rights training for CG#2, CG#3, and CG#4.

Foster Family Home Personnel and Staffing

[11-800-41]

41.(b)(6) Comply with all applicable federal, state, and county laws, ordinances, rules, regulations, and regulatory requirements, including but not limited to statutes that prohibit discrimination against any person, on the grounds of race, color, national origin, religion, creed, sex, age, marital status, or handicap;

Comment:

41.(b)(6)- CCFFH currently is using a makeshift room as a client's bedroom. CG#1 was unable to produce a proper permit from Dept. of Planning & Permitting (DPP).

Foster Family Home Grievance

[11-800-45]

45. The community care foster family home shall have policies and procedures by and through which a client may present grievances about the operation or services of the home. The policies shall include a provision that a client may choose to present any grievance directly to the department of health. The home shall:

45.(1) Inform the client or the client's legal representative of the grievance policies and procedures and the right to appeal in a grievance situation;

45.(2) Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and

45.(3) Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

Comment:

45.(1), (2), (3)- No completed Admission Policy and Agreement seen in CCFFH chart for Client #1 and Client #2.

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Foster Family Home

Physical Environment

[11-800-49]

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

Comment:

49.(a)(2)- No grab bars seen near toilet in one of the clients' bathrooms.

Foster Family Home

Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1)- CG#2, CG#3, and CG#4 were not covered in CG#1's general liability insurance policy.

Shaukel Nakamire, M
Compliance Manager

[Signature]
Primary Care Giver

10/27/2020
Date

10/27/20
Date

CTA RN Compliance Manager: TERRI VAN HOUTEN, RN, MSN Ed

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: MARY GRACE M. SUPAN

(PLEASE PRINT)


CCFFH Address: 1743 HOOLAULEA STREET, PEARL CITY, HAWAII 96782

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
16.b.5	Confidentiality policies and procedures and client privacy rights training for CG#2, CG#3, and CG#4 has been provided.	11/01/20	Home will monitor and assure the CCFFH's confidentiality and privacy policies and procedures will be followed. Signed confidentiality/privacy policies and procedures will be kept in the record binder.
41.b.6	CG#1 transferred client to the required room to comply accordingly. Makeshift room vacated.	11/01/20	Home will follow applicable federal, state, and county laws, ordinances, rules, regulations, and regulatory requirements.
45.1.2.3	Completed Admission Policy and Agreement for Client #1 and Client #2 and placed to Clients' corresponding charts.	11/02/20	Home will make sure Admission Policy and Agreement for future clients will be completed as required.
49.a.2	Grab bars been installed / placed near the toilet of one of the clients' bathrooms.	11/01/20	Home will secure and maintain grab bars in clients' bathrooms as appropriate.
51.a.1	CG#1's general liability insurance updated and covered CG#2, CG#3 and CG#4.	10/28/20	Home will make sure CG#1's general liability insurance will be updated for future additional/removal of Caregivers.

☒ All items that were fixed are attached to this CAP

PCG's Signature: _____



Date: 11/06/20

☒ CTA has reviewed all corrected items